

GEORGIA DEPARTMENT OF LABOR  
EMPLOYMENT SECURITY AGENCY  
ADMINISTRATIVE SERVICES DIVISION  
RECORDS MANAGEMENT AND CONTROLS

233-17  
7

Application Number

APPLICATION FOR  
AMENDMENT TO RECORDS RETENTION SCHEDULE

Application Date: August 12, 1980

FOR STATE RECORDS MANAGEMENT DIVISION USE

Date Received

Application No.

Date Completed

OCT 2 1980

74-73-A

NOV 17 1980

74-73

Record Series Title: Unemployment Insurance Benefit Payment  
Certification Files

Person to Contact:

Item number to be amended: Item 16 on 1971 form

Telephone No. 656-3040

Reads as follows: no on confidentiality of records

Amended to read: yes on confidentiality of records

Reason for change: Georgia Employment Security Law, Georgia Code Annotated, 54-642, 1M.

54-637 g (1)

AUTHORITY:

Division Director/Designee:

*Armenia Rait*

Date

9/29/80

Records Management Officer (RM&C):

*Mike Gucklyn*

Date

8/12/80

ESA Director:

*Walter B. Brown*

Date

9/29/80

State Auditor/Designee:

*Wm. A. Smith*

Date

10-30-80

Secretary of State/Designee:

*Canale Hart*

Date

10-27-80

Attorney General/Designee:

*W. M. Hill*

Date

11-12-80

ESA-143 (3/80)

GEORGIA DEPARTMENT OF LABOR  
EMPLOYMENT SECURITY AGENCY  
ADMINISTRATIVE SERVICES DIVISION  
RECORDS MANAGEMENT AND CONTROLS

233-17  
7

APPLICATION FOR  
AMENDMENT TO RECORDS RETENTION SCHEDULE

Application Number

74-73

Application Date: 5/22/80

FOR STATE RECORDS MANAGEMENT DIVISION USE

Date Received

Application No.

Date Completed

JUN 25 1980

74-73-A

JUL 2 1980

Record Series Title: Unemployment Insurance Benefit Payment  
Certification Files

Person to Contact:

Ellis Bransford, Benefit Claims

656-3054

Item number to be amended: 12

Telephone No.

Pat Fridell, Investigations 656-3058

Reads as follows: ....then transfer to State Records Center;  
hold 3 years and 1 quarter; then destroy.

Amended to read: ....then transfer to State Records Center;  
hold 4 years and 1 quarter; then destroy.

Reason for change: The federal Inspector-General maintains quality control checks on fraudulent claims made on unemployment insurance funds by using a "cross-match" sampling between unemployment claims and taxes made on employers' wage contributions to the unemployment insurance fund. The Investigation section uses this record series when stronger evidence is needed in a trial.

AUTHORITY:

Division Director/Designee:

Date

Records Management Officer (RM&C):

Date

ESA Director:

Date

State Auditor/Designee:

Date

Secretary of State/Designee:

Date

Attorney General/Designee:

Date



STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
1

233-07  
7

1. Application Date <b>January 29, 1974</b>	<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE		
2. Agency Application No. <b>DL-017</b>		Date Received <b>FEB 26 1974</b>	Application No. <b>74-73</b>	Date Completed <b>MAR -8 1974</b>
3. AGENCY, Division, Subdivision & Administering Office Address <b>Georgia Department of Labor Unemployment Insurance Division Claims Operations - Room 70 F - State Office Building Atlanta, Georgia 30334</b>		4. Person to Contact <b>N. Ellis Bransford</b> <i>[Signature]</i> Working Title <b>Supervisor</b> Telephone No. <b>656-3054</b>		

## 7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series <b>2-1-74 Forward</b>	9. Exact Series Title <b>Unemployment Insurance Benefit Payment Certifications Files</b>
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10. What is the function of the office in which this record series is created?

The function of the Unemployment Insurance Division is to implement the Georgia Employment Security Law which requires that legal entities employing workers in Georgia report and pay taxes on wages of such workers; and to subsequently pay unemployment insurance benefits to such covered workers when they become unemployed through no fault of their own and when they comply with certain eligibility requirements of the law.

\* Administers payments under UC, UCFE, UCX Programs. Claims Operations Unit receives and approves claims for individuals both monetarily and non-monetarily. Reviews and processes certifications requiring payment of benefits.

\* Unemployment Compensation      \*\* Unemployment Compensation Federal Employees  
\*\*\* Unemployment Compensation X-Service Men

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to: Unemployment Insurance benefit payments to eligible claimants.  
Included are: Payment Certification Forms (ESA 420, 421, 411C, 408 & 460)

File is arranged in chronological batches by date paid; thereunder numerically by the first two of the last four digits of Social Security Number.

## ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records
Letter-size File Drawers				Floor Space Occupied (Square Feet)	Held in CTNS 6,344 FT		
Legal-size File Drawers					In Office(s) In Storage Area(s)		
	N/A			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's
					0	0	0

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain.

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Is there a duplication of this series in another office or agency?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?<br>Payments prompted by certifications becomes a permanent record on EDP tapes   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 21. Does the record series contain documentation produced as EDP printout?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?<br>Payment records must be maintained three years and one quarter as provided for by Federal instructions. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

24. **REQUIREMENTS.** The following requires the files to be kept 3 yrs. 1 qtr years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

Based upon standard of disposition of other claims department documents.

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER MONTH, then:

- ☒ Hold in the current files area 1 month(s)/ 1 year(s):  
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 3 yrs / 1 Qtr.  
☒ Destroy.  
☐ Transfer to State Archives for permanent retention.  
☐ Destroy immediately after cut-off.  
☐ Other: (Specify)

*Pat. Mc Donald (ext 3054) To send copy of Federal instructions*

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>John C. Arnold</i>	<u>2-22-74</u>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Tom Brown</i>	<u>2-5-74</u>
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dyer</i>	<u>3-5-74</u>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	<u>2-4-74</u>
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>W. A. R. Stull</i>	<u>3-6-74</u>

STATE RECORDS  
COMMITTEE



**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ YES ☐ NO
14. Is there a duplication of this series in another office or agency? ☐ YES ☒ NO
15. Is the information contained in this series ever summarized or published? ☐ YES ☒ NO
16. Does the series contain classified information requiring security handling? ☐ YES ☒ NO
17. Does the series document policies and procedures of agency's operation or function? ☐ YES ☒ NO
18. Could the function be performed if the files were lost or destroyed? ☒ YES ☐ NO
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ YES ☒ NO
20. Does the record series provide data as input to an EDP file?  
Payments prompted by certifications becomes a permanent record on EDP tapes. ☒ YES ☐ NO
21. Does the record series contain documentation produced as EDP printout? ☐ YES ☒ NO
22. Is the series affected by Federal or grant funds?  
Payment records must be maintained three years and one quarter as provided for by Federal instructions. ☒ YES ☐ NO
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ YES ☒ NO

24. REQUIREMENTS. The following requires the files to be kept 3 yrs. 1 qtr years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Based upon standard of disposition of other claims department documents.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☐ FISCAL YEAR ☒ OTHER month, then:

A. ☐ Destroy immediately after cut off.

B. ☒ Hold in current files area 1 month(s) / 1 year(s), then:

1 ☐ Destroy.

2 ☒ Transfer to records center; hold 3 yr. / year(s), then:

a. ☒ Destroy.

b. ☐ Transfer historical material to Archives; destroy remainder.

3 ☐ Destroy after audit (or        year(s) after audit).

C. ☐ Hold in current files area indefinitely.

D. ☐ Hold in current files area        year(s), then transfer to Archives permanently.

E. ☐ Other

(Indicate briefly rationale for recommendations above/or write additional remarks):

**(ATTACH SAMPLES OF THE SERIES WHEN POSSIBLE)**

26. Inventory taken by	Recommendations prepared by	Approved for Division Date	Records Management Officer Date
	<i>[Signature]</i>	<i>[Signature]</i> 1-13-75	<i>[Signature]</i> 1-13-75
Recommendations in Paragraph 25 are:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Head of Agency	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director, Archives & History	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Secretary of State	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Governor of Georgia	Date